

**CRITERIA FOR PRIOR AUTHORIZATION**

Mirvaso® (brimonidine)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Brimonidine (Mirvaso)

**CRITERIA FOR MIRVASO:** (must meet all of the following)

- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with a dermatologist
- Patient must have persistent (nontransient) erythema of rosacea

**LENGTH OF APPROVAL** 6 months